

**State of Minnesota****District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

Family

In Re the Custody of:

\_\_\_\_\_

Born (mo/day/yr) \_\_\_\_\_

(Petitioner/Plaintiff)

vs.

\_\_\_\_\_

(Respondent/defendant)

**Affidavit in Support of Motion  
To Establish Custody  
And Parenting Time**STATE OF MINNESOTA )  
) SS  
COUNTY OF \_\_\_\_\_ )

My name is \_\_\_\_\_ and I state under oath that:

1. I am the ☐ Petitioner/Plaintiff ☐ Respondent/Defendant in this case, and I make this *Affidavit* in support of my motion for custody and parenting time.2. A juvenile court proceeding or child protection case involving any or all of the children in this case is open: ☐ YES ☐ NO.

If YES, this case is in \_\_\_\_\_ County in the State of \_\_\_\_\_, and the case file number is \_\_\_\_\_.

The child protection worker's name is \_\_\_\_\_.

3. An *Order for Protection* involving me and the other party (*print full name*) \_\_\_\_\_ and/or the child(ren) exists: ☐ YES ☐ NO.

If YES, this case is in \_\_\_\_\_ County in the State of \_\_\_\_\_, and the case file number is \_\_\_\_\_.

**A copy of the *Order for Protection* is attached.**

4. The children currently live with:

☐ Me    ☐ Other (print full name): \_\_\_\_\_.

I am the child(ren)'s: (list relationship) \_\_\_\_\_.

The other party is the child(ren)'s: (list relationship) \_\_\_\_\_.

The address of the child(ren) is/are: \_\_\_\_\_.

in the City of \_\_\_\_\_, State of \_\_\_\_\_, Zip Code \_\_\_\_\_.

The child(ren) have lived at this address since: (mo/day/yr) \_\_\_\_\_.

5. I want the Court to grant **legal** custody of the child(ren) (check one):

☐ a. Jointly to both me and the other party \_\_\_\_\_.  
(Full name)

because \_\_\_\_\_  
\_\_\_\_\_

☐ b. Solely to (check one):

☐ Me    ☐ Other party (print full name): \_\_\_\_\_

because \_\_\_\_\_  
\_\_\_\_\_

6. I want the Court to grant **physical** custody of the child(ren) (check one):

☐ a. Jointly to both me and the other party \_\_\_\_\_.  
(Full name)

with the child(ren) living with me at the following times: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and the child(ren) living with \_\_\_\_\_  
(Full name of other party)

at the following times: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ b. Solely to (check one):

☐ Me    ☐ Other party (print full name): \_\_\_\_\_

7. I believe that my request for physical custody is in the best interest(s) of the child(ren) because (*list your reasons why, **be specific***) \_\_\_\_\_

[illegible]

8. I want the parenting time schedule as stated in my *Motion*. I believe that this schedule is in the best interest(s) of the child(ren) because \_\_\_\_\_

[illegible]

9. I want the Court to order supervised parenting time: ☐ YES ☐ NO. If YES, I believe supervised parenting time is in the best interest(s) of the child(ren) because: \_\_\_\_\_

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Parenting Time should be supervised by: \_\_\_\_\_

**Note:** You and/or the other party may have to pay a fee for each supervised visit.

10. I want the Court to order that the child(ren) be transferred at a **visitation exchange center** if one is located in the area, and for both parties to follow all rules of the visitation exchange center:

☐ YES ☐ NO. If YES, this is necessary because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If NO, the child(ren) should be transferred at: \_\_\_\_\_  
because \_\_\_\_\_

\_\_\_\_\_

11. Medical insurance for the child(ren) totals \$\_\_\_\_\_ per month and is currently provided by (check one):

☐ Petitioner

☐ Respondent

☐ Shared by both parties

12. Child care expenses for the child(ren) totals \$\_\_\_\_\_ per month and is currently paid for by (check one):

☐ Petitioner

☐ Respondent

☐ Shared by both parties

13. Check all that apply:

☐ a. There is currently a court order requiring \_\_\_\_\_ to pay child support to \_\_\_\_\_ in the amount of \$\_\_\_\_\_ per month.

☐ b. I am asking the Court to decide or modify child support. I believe the other party (*print full name*) \_\_\_\_\_ works at \_\_\_\_\_ and earns \$\_\_\_\_\_ per: ☐ week ☐ month ☐ year ☐ other \_\_\_\_\_

\_\_\_\_\_ My current net income per month is \$\_\_\_\_\_ from the following sources (*list all sources, such as employer, public assistance, or other*

source): \_\_\_\_\_  
\_\_\_\_\_. I have the following  
additional sources of income: (*for example, child support for other children, pensions, Social  
Security, renters income, etc.*):

Source: \_\_\_\_\_ \$ \_\_\_\_\_  
Source: \_\_\_\_\_ \$ \_\_\_\_\_  
Source: \_\_\_\_\_ \$ \_\_\_\_\_

14. (*Answer 14 if you checked 13 (b)*)

My monthly expenses are as follows:

- a. ☐ House Payment or ☐ Rent \$ \_\_\_\_\_
- b. Real Estate Taxes, if not included in (a) \$ \_\_\_\_\_
- c. Insurance:
- Homeowners, if not included in (a) \$ \_\_\_\_\_
- Auto \$ \_\_\_\_\_
- Life \$ \_\_\_\_\_
- d. Utilities:
- Gas \$ \_\_\_\_\_
- Electricity \$ \_\_\_\_\_
- Telephone \$ \_\_\_\_\_
- Water and Garbage (*average*) \$ \_\_\_\_\_
- Cable TV \$ \_\_\_\_\_
- e. Food \$ \_\_\_\_\_
- f. Clothing \$ \_\_\_\_\_
- g. Laundry and/or Dry Cleaning \$ \_\_\_\_\_
- h. Personal allowances and incidentals \$ \_\_\_\_\_
- i. Magazines and Newspapers \$ \_\_\_\_\_
- j. Uninsured Dental Expenses \$ \_\_\_\_\_
- k. Uninsured Medical Expenses \$ \_\_\_\_\_
- l. Transportation Expenses:
- Car Payment \$ \_\_\_\_\_
- License \$ \_\_\_\_\_
- Gasoline \$ \_\_\_\_\_

|  |          |
|--|----------|
| Repairs  | \$ _____ |
| m. Recreation and Entertainment                      | \$ _____ |
| n. Children's needs ( <i>sports/school/hobbies</i> ) | \$ _____ |
| o. Allowances  | \$ _____ |
| p. Other (list) _____                                | \$ _____ |

q. Charge Accounts and Loans (*list*):

| Account Name | Balance Owed |          |
|--------------|--------------|----------|
| 1. _____     | \$ _____     | \$ _____ |
| 2. _____     | \$ _____     | \$ _____ |
| 3. _____     | \$ _____     | \$ _____ |
| 4. _____     | \$ _____     | \$ _____ |

**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

The above expenses include expenses for the following individuals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. The following is additional information regarding the reasons I am requesting to establish custody and parenting time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Signature (*Sign only in front of notary public or court administrator.*)

Name: \_\_\_\_\_

Sworn/affirmed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
 Notary Public \ Deputy Court Administrator